United Nations E/ICEF/2001/P/L.27/Add.1

Economic and Social Council

Distr.: Limited
30 October 2001

Original: English

For action

United Nations Children's Fund
Executive Board
Second regular session 2001
10-14 December 2001
Item 5 of the provisional agenda*

Country programme recommendation**

Haiti

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2001 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Haiti for the period 2002 to 2006 in the amount of $9,862,000 from regular resources, subject to the availability of funds, and $17,500,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2001/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

01-61028 (E) 271101

Contents

		Page
	The situation of children and women	3
	Programme cooperation, 1995-2001	3
	Recommended programme cooperation, 2002-2006	5
List of tables		
1.	Basic statistics on children and women[1]	15
2.	Expenditure under previous cooperation period, 2000-2001	17
3.	Planned yearly expenditures	18
4.	Linkage of programme budget and staffing/staff costs	19

[1] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

The situation of children and women

1. The analysis of the situation of children and women remains essentially the same as described in the country note submitted to the Executive Board at its first regular session of 2001 (E/ICEF/2001/P/L.27). However, recent data confirm the alarming negative trend in social indicators. The final report of the Demographic and Health Survey (DHS), funded by UNICEF and the United States Agency for International Development (USAID), shows an increase in the maternal mortality ratio (MMR) from 457 per 100,000 live births in 1995 to 523 in 2000. The infant mortality rate (IMR) and under-five mortality rate (U5MR) remained unchanged between 1995 and 2000 and stand at 80 and 119 per 1,000 live births, respectively. A USAID report on the situation of orphans in Haiti estimates the number of orphans and other vulnerable children to be 1.2 million, and that HIV affects 7.7 per cent of the population, the highest rate in the region. There are over 300,000 HIV-positive men, women and children, and 45,000 AIDS-related deaths per year. Each year, some 5,000 babies are born infected. Between 5 and 7 per cent of children have lost one or both parents to AIDS, and over 7 per cent live in families with a member infected with HIV.

2. The climate of political instability, prompted by the controversial elections of May and November 2000, continues despite the fact that the President and a new cabinet of ministers are now firmly installed. An opposition alliance has formed an alternative government. Prior to taking office early in 2001, the President launched the "Economic and Social Programme 2001-2006", which provided a framework for the country programme, especially as the strategy emphasizes decentralization, participation and the rights of vulnerable groups. The government programme targets 80 per cent of the population for access to health services, 70 per cent of the rural population for access to clean water and 90 per cent of children for primary school enrolment.

Programme cooperation, 1995-2001

3. As indicated in the country note, recent cooperation consisted of three short-duration programmes for 1995-1997, 1998-1999 and 2000-2001, with the only evaluation taking place in 1996. In retrospect, the objectives of these "bridging" programmes appear to have been overly ambitious and difficult to measure within the self-imposed time limitations.

4. The socio-political turmoil that Haiti experienced between 1995 and 2001, the absence of strong governance and political will, weak capacities at all levels, the lack of baseline data impeding attempts to measure outcomes and cuts in supplementary funding all combine to paint a picture of cooperation marked by limited or undocumented successes and an emphasis more on process than on results. In terms of process, the Government did assume increased responsibility for planning and implementation. It demonstrated a greater sense of accountability regarding the Convention on the Rights of the Child and the goals of the World Summit for Children, and made more rational use of non-government partners, whose numbers in the country programme were reduced from 64 in 1997 to the current 20. In terms of strategy, service delivery predominated, and there was inadequate attention paid to capacity-building, participation and the development of

social policy. This imbalance in the mix of strategic approaches partly accounts for the failure to reach some programme objectives.

5. In the area of health and nutrition, the Government's inability to articulate a set of clearly defined national priorities produced diverse activities and uneven results. In 1999, complete vaccination coverage reached an unprecedented rate of 60 per cent of children under one year of age, with 84 per cent immunized against measles. However, no significant successes were recorded in the Integrated Management of Childhood Illnesses (IMCI) initiative. The resources of both UNICEF and other development partners invested in the reduction of MMR have failed to lower the numbers of women who die in childbirth. The successful sensitization campaign launched in 1999 for producing and consuming iodized salt is contrasted by the lack of capacity and motivation of key actors on the ground to iodize salt.

6. Despite the catastrophic proportions of the HIV/AIDS epidemic in Haiti, previous programmes failed to address the problem in a systematic manner. This can be explained partly by a state of denial by the Government, the absence of national policies and an unwillingness to declare HIV/AIDS a serious threat to the country's future social, political and economic development.

7. In the area of education, the life skills component of the primary education curriculum was adapted to meet the needs of over-age children. UNICEF also supported improvement of the school environment through latrine construction and the supply of equipment, but only 50 schools were reached in 2000. Between 1995 and 1997, UNICEF succeeded in brokering partnerships between the public and private sectors in both formal and non-formal education, which laid the foundations for sharing expertise and experience, although no follow-up action was taken. The creation of a National Commission on Girls' Education in 2000 highlighted the importance of gender equity and led to capacity-building activities designed to ensure that pupils, teachers and the community work together to reduce gender disparity in school and beyond it.

8. The community empowerment programme developed in 1998 proved difficult to implement, largely because the Government's policy on decentralization was not implemented. However, in 16 shantytowns in Port-au-Prince, grass-roots organizations benefited from capacity-building in planning and communication for behavioural change. The project would have been further enhanced through better integration with health and education activities. In 2000, the use of water as an entry point for community empowerment proved more effective, but insufficient funds seriously limited the level of success achieved.

9. The programme for the rights of the child and woman grouped both promotion and protection activities. Its success can be measured by the extent to which the Government and other partners have acted upon their accountability vis-à-vis the principles of the Convention on the Rights of the Child and the goals of the World Summit for Children. After a three-year delay, Haiti's report to the Committee on the Rights of the Child was submitted in 2000, and the report on follow-up to the World Summit goals was prepared the same year. As a result of intensive advocacy efforts, the problem of unpaid child servants, known as *restaveks*, was officially recognized as a violation of human rights. However, the knowledge of adolescents and young people about their rights remains very rudimentary. The Child Code initiated in 1998 made little headway because of the absence of Parliament. Meanwhile, 80 lawyers and 300 law students were trained in child rights and

juvenile justice, and detained minors were separated from convicted prisoners. Over 1,000 street children received psychosocial support and vocational training, and 15 per cent of them are now employed. Some 4,000 unpaid child servants benefited from counselling and skills development. However, the structural causes that reduce 250,000 of these children to servitude and expose them to neglect and abuse have not been sufficiently addressed because of the lack of political will and limited financial resources.

Lessons learned from past cooperation

10. The lessons learned remain essentially the same as described in the country note, specifically the absence of long-term vision and the lack of systematic programme evaluations due to repeated short-duration programmes; the need for programmatic equilibrium through balanced cooperation with and between the State and civil society; the need for building capacities at all levels; and the need to strengthen accountability of duty bearers (those responsible for fulfilling children's rights). Likewise, participation must be pivotal. HIV/AIDS prevention and control must be overarching and need to be integrated into mainstream programming. In contrast to the scattered, needs-based approach of past programmes, human rights-based programming will serve as a unifying framework, prioritizing areas for results in line with the comparative advantage of UNICEF and allowing regular monitoring and reporting.

Recommended programme cooperation, 2002-2006

Regular resources: $9,862,000

Other resources: $17,500,000

Recommended programme cooperation[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Health and nutrition	2 262	6 000	8 262
Basic education and early childhood care and development	1 500	5 000	6 500
Child protection	1 000	3 000	4 000
Capacity-building, monitoring and evaluation	1 700	1 000	2 700
Advocacy, information, communication and participation	1 500	2 500	4 000
Cross-sectoral costs	1 900	-	1 900
Total	**9 862**	**17 500**	**27 362**

[a] The breakdown for estimated yearly expenditures is given in table 3.

Country programme preparation process

11. The proposed programme is the result of a nine-month intensive consultative process undertaken under the aegis of the Ministry of Planning and External Cooperation. The process has been as valuable as the result, opening up dialogue and national debate on children's issues with and between decision makers within the Government, non-governmental organizations (NGOs), the private sector, young people, United Nations agencies and the wider donor community. At a national workshop in August 2000, traditional and new partners explored together the programmatic implications of a human rights-based approach and adapted it to the practical programming realities of Haiti. They also undertook causality analysis around the major rights at risk and identified rights holders and duty bearers at family, community, district and national levels. The capacity of duty bearers was the subject of detailed analysis. Through a highly participatory process, participants generated the raw material out of which the strategy paper and country note were elaborated. Both documents were fully endorsed by partners.

12. To maintain strong national ownership of the country programme of cooperation, a second meeting took place in March 2001 with same group of stakeholders in order to discuss and prepare the country programme, with detailed plans of action based on the approved strategic framework. In the process, particular attention was paid to the compatibility of the country programme priorities with those of the United Nations Development Assistance Framework (UNDAF). Consonance was also sought with other development efforts, including multilateral and bilateral assistance. The comments made by the Executive Board on the country note have been taken into account in the elaboration of the country programme recommendation.

Country programme goals and objectives

13. The overall goal of the proposed country programme is to contribute to the achievement of the national goals of survival, development, protection and participation of Haitian children, adolescents and women and their families. In pursuing this goal, the overall objective of the country programme over the five-year programme cycle are to contribute to: (a) the right to life and development, by ensuring access to information regarding HIV/AIDS by children and their parents, adolescents and young adults aged 15 to 24 years; providing services for the prevention, care, control and counselling for 7 per cent of pregnant women in order to reduce mother-to-child transmission (MTCT) of HIV; providing 80 per cent of adolescents and young people access to information on HIV/AIDS; and reducing HIV infection rates by 25 per cent among 15- to 24-year-olds; (b) the fulfilment of the right to life by reducing IMR from 80 to 65 per 1,000 live births and U5MR from 119 to 95 per 1,000 live births, and by providing access to emergency obstetrical care to 7 per cent of pregnant women; (c) the fulfilment of the right to development by establishing a policy framework and decentralized capacities for the holistic development of the young child; and facilitating access of children 0-5 years of age in 100 communities to early childhood care and development (ECCD) and 6- to 15-year-olds, especially girls, to a learning environment that favours their all-round development; and (d) strengthening the rule of law by creating a culture of rights through the integration of human rights into legislation, the formulation of

protection policies, and the reinforcement of institutions that promote and protect rights; building the capacities of duty bearers to meet their obligations to children, emphasizing high-risk groups (street children, child servants and children made vulnerable by HIV/AIDS) who will benefit from psychosocial support and access to basic services; and facilitating the participation of children, adolescents and women as rights holders in decision-making processes.

14. Given the risk of socio-political turmoil or natural disaster, the objectives will require regular review and adjustment. While they present a best case scenario, the programmes can be adapted rapidly if required. This flexibility has been built into the action plans to ensure that a full emergency response is possible within the framework of the country programme. In the worst case scenario, the programme will focus on objectives and activities relating to child health and nutrition, continuity in primary education, and protection against HIV/AIDS and abuse.

Relation to national and international priorities

15. The proposed country programme aims to address the most critical direct, underlying and basic causes of child rights violations as identified by the Common Country Assessment and the situation analysis. The country programme is firmly anchored within the social parameters defined by the new Government, particularly in its commitment to participatory development, partnerships between the public and private sectors, and the reduction of vulnerability.

16. The proposed programme falls squarely within UNDAF, which adopts the human rights approach and outlines clear strategic directions in three areas: (a) access to social services; (b) food security and rural development; and (c) governance. The UNICEF strategy paper, elaborated prior to the completion of UNDAF, had a direct influence on it. Both documents emphasize the relationship between rights holders and duty bearers, the need to target especially vulnerable children, and the importance of programming for and with children and adolescents as leverage for sustainable human development. Both documents also include HIV/AIDS, gender equity and emergency response as cross-cutting themes. The country programme will contribute to meeting the objectives of UNDAF by ensuring better access to social services and assisting in the formulation of social policy designed to fulfil human rights. Through legal reform, the country programme will contribute to an environment that enables respect for the rule of law and facilitates the exercise of rights. It will strengthen the capacity of duty bearers at all levels to better plan, implement, monitor and report on their obligations.

17. Beyond the United Nations system, the proposed country programme is in line with the priorities of such partners as the European Union, the Inter-American Development Bank, the World Bank and USAID, as well as the Governments of France and Japan. Frequent consultations between members of the international donor community represented in Haiti have allowed development partners to unite under the human rights flag, and align programme objectives and strategies towards disparity and poverty reduction.

18. The objectives and strategies of the proposed country programme reflect the Kingston Consensus on Children and Social Policy in the Americas, and the global policies and priorities of UNICEF as contained in the medium-term strategic plan. In

broadening alliances and partnerships, the new programme capitalizes on the Global Movement for Children.

Programme strategy

19. The programme strategy remains the same as described in the country note, namely adopting a rights-based approach focusing on the rights to life, development and protection, prioritizing key interventions in health, nutrition, education and protection. The strategy is centred on capacity-building of duty bearers, including service providers, as well as on advocacy, information/communication and participation. These three strategies represent the foundations of the human rights approach. The emphasis on duty bearers and the acknowledged weaknesses of public institutions required going beyond the three main strategies to include strong partnerships that expand well into civil society and the private sector. Three cross-cutting themes appear in the five programmes that comprise the country programme: HIV/AIDS; gender equity; and disaster preparedness and emergency response. The ECCD programme and protection activities addressing the special needs of vulnerable children will be used as key opportunities for reinforcing the intersectoral nature of the country programme.

20. To achieve the tighter focus recommended by the Executive Board, the programme retains the structure presented in the country note, but limits itself to priority areas where UNICEF presently exercises leadership and can show results. For this reason, the health programme will regroup the expanded programme on immunization (EPI) and vitamin A distribution within IMCI. EPI will focus on marginalized locations and groups. Given the alarming maternal mortality figures, UNICEF will seek greater complementarity with the United Nations Population Fund (UNFPA) and the World Health Organization (WHO), and concentrate on increasing access to emergency obstetrical services and mobilizing families and communities to create demand for services. Likewise, in order not to spread limited resources too thin, water and sanitation will be integrated into the school environment programme. Access to water and environmental sanitation will also be the major thrust in emergency response. Depending on the outcome of assessment, analysis and action planning, water and sanitation will be used as an entry point for community capacity-building. The degree to which UNICEF acts in the sector will depend on its success in mobilizing resources.

21. The supply of vaccines and micronutrients and the MTCT programme have nationwide outreach, as do all activities related to rights promotion. All other projects will be focused in four regions — the West, the Central Plateau, the North East and the South East — which were chosen to concentrate limited resources in a way that facilitates sectoral linkages and to demonstrate results through synergy. These four contiguous regions, representing 52 per cent of the entire population, are the poorest in the country, and working there allows UNICEF to collaborate closely with a range of United Nations and NGO partners. They also run along the border with the Dominican Republic and, therefore, are critical in the prevention of epidemics.

22. **Health and nutrition**. The programme is rooted in the national health policy and will contribute to ensuring the fulfilment of the rights to life and health of children, adolescents and young people based on gender equity; the right to

information on HIV/AIDS and knowledge of HIV status; and HIV/AIDS prevention, care, services and a supportive environment. The programme will have two projects: HIV/AIDS prevention and control; and the right to life and health. The programme aims to prevent and control HIV/AIDS in children born from HIV-positive mothers and support prevention activities targeting adolescents and young people. It will also protect children under one year of age from vaccine-preventable diseases and prevent vitamin A deficiency as part of IMCI. These activities will be undertaken within the broad framework of ECCD. As part of the safe motherhood initiative, the programme will increase the access of pregnant women to emergency obstetrical care in order to reduce maternal mortality. It will work to ensure the virtual elimination of iodine deficiencies. Emergency health interventions will be an integral part of a multisectoral disaster response.

23. In the context of the nationwide project relating to the prevention and control of sexually transmitted infections and HIV/AIDS, MTCT activities will ensure that at least 100,000 pregnant women (7 per cent) attending antenatal clinics in 30 hospitals and health centres have access to MTCT services. These services include appropriate information, voluntary testing, counselling, access to anti-retroviral drugs and treatment. Information will be provided, together with infant formula if needed, to allow HIV-positive mothers to act on their choices relating to feeding practices. These actions will be supported by dialogue within the community on issues of prevention and non-discrimination. This project will also provide young people with access to information and preventive counselling. One hundred health centres (17 per cent) will become "adolescent-" and "youth-friendly".

24. The project relating to the rights of children and women to life and health will focus on the four regions, except for the supply of vaccines, which will be nationwide. It aims to increase and maintain vaccination coverage at 80 per cent in the four regions. Activities include social mobilization, training, and the provision of vitamin A, oral rehydration salts and cold-chain equipment. The project will ensure, as far as possible, that the same 100,000 women mentioned above have access to emergency obstetrical care in 30 hospitals. It also aims to eliminate iodine deficiency disorders by ensuring that all locally-produced salt is iodized and consumed by the entire population. In addition to technical support, the iodization project will address legislative reform and quality control.

25. UNICEF will strengthen its partnerships with WHO for policy formulation and IMCI, UNFPA for MMR reduction and reproductive health, USAID for child survival, the Government of Japan for maintaining vaccine supplies and essential drugs, the Government of France for capacity-building and the Government of Canada for HIV/AIDS. The Joint United Nations Programme on HIV/AIDS will continue to provide a forum for strategic planning and coordination. The Global Alliance for Vaccines and Immunization (GAVI) will support routine immunization. Specialized NGOs will assist in increasing access to health care.

26. **Basic education and ECCD**. The programme will help to ensure that children up to 15 years of age receive a quality education, focusing on the formulation and implementation of multisectoral policies and actions related to community-based ECCD. It will contribute to facilitating the passage from early childhood learning to primary education by strengthening the pre-school curriculum, family involvement and supervision systems with a view to reducing exclusion, exploitation and abuse. It will also support the development and implementation of a model that

demonstrates how a quality learning environment can retain girls and other children at risk within the educational system. The focus on girls' education will leverage qualitative improvement in education as a whole.

27. Two projects will be implemented at both national and subnational levels. The ECCD project targets the 0- to 5-year-old age group and aims to improve the development of the young child, establish a framework for analysing educational data and demonstrate that successful ECCD interventions depend on convergent actions in a number of different sectors. Sensitization campaigns will target decision makers, service providers and families, emphasizing the importance of ECCD. An experimental project will be implemented in three communes of two regions to support the integration of pre-school education in eight cluster schools that provide in-service teacher-training facilities to 160 primary schools throughout the country. It will include a review of the pre-school curriculum, the introduction of innovative teaching methods and the creation of a child-centred learning environment. Parents will participate in monitoring their children's progress, managing the pre-school settings and creating a supportive network for families affected by HIV/AIDS.

28. The quality learning environment project targets the 6- to 15-year-old age group and seeks to enrich the national primary school curriculum by emphasizing life skills and HIV prevention. One hundred schools will become experimental models to create a quality learning environment that specifically addresses the needs of girls and children at risk. It will involve the training of 1,500 teaching and administrative staff and the strengthening of parental participation in school management in order to create synergy between learning at home, at school and in the community. UNFPA will support activities related to life skills education, including HIV/AIDS prevention. The World Food Programme (WFP) will contribute to creating a quality learning environment through a school feeding programme. The United Nations Educational, Scientific and Cultural Organization (UNESCO) will participate in the revision of curricula. UNICEF will build on an ongoing programme of cooperation between Cuba and Haiti in the area of community-based ECCD. The private sector, given the major role it plays, will be a strategic ally in supporting the introduction of new methodologies and improved learning environment. Specialized NGOs will work to enhance community participation.

29. **Child protection**. The programme aims to contribute to the establishment of the rule of law and a rights culture by protecting and fulfilling the rights of children and women, especially high-risk groups. It covers children up to 18 years of age, including child servants, children living or working on the street, minors in conflict with the law, AIDS orphans and vulnerable children. It has two project areas.

30. The protection of rights project will contribute to the definition of a protection component as part of the social policy for children and youth, and to the elaboration of a national protection plan. It will support the harmonization of national legislation with the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and other rights instruments. Activities include the pre-service and in-service training of 750 legal professionals and the training of policemen, with a view to setting up in each police station specialized units for dealing with children and women offenders, or victims of violence and abuse. UNICEF will provide technical and financial support to interventions in the area of birth registration, focusing on the sensitization of pregnant women.

31. The right to protection project will define policies to prevent violence, exploitation and abuse, promoting in particular psychosocial support for children and women who require it. The project includes the application of policies for the social integration of street children into the educational system and supporting them in obtaining legal employment (about 30 per cent). It will also focus on legal reform and a protection policy for unpaid child servants, targeting 25,000 children who will be either voluntarily reintegrated into their biological families or allowed access to "second chance" education characterized by flexible learning processes, and to health care and emotional support. To protect children in conflict with the law, provision will be made for reducing the period of pre-trial detention and placing young offenders in the care of specialized organizations. Children affected by HIV/AIDS identified in the MTCT project will benefit from community protection and support. This will be achieved by building the capacity of families and communities to fulfil the rights of all vulnerable children, including AIDS orphans, to care, nutrition, health and education. Children affected by natural or man-made disasters will receive counselling and care.

32. The United Nations Development Programme will be a strong partner in the area of judicial reform and birth registration, and the European Union, the Canadian International Development Agency (CIDA), USAID and specialized national human rights NGOs for the establishment of the rule of law. The Save the Children Alliance and Plan International will be key partners in promoting child rights at the grass-roots level. The International Labour Organization, WFP and specialized NGOs will be directly involved in the right to protection project.

33. **Capacity-building, monitoring and evaluation**. The situation analysis has clearly shown the weak capacity of duty bearers at all levels to plan, implement, monitor, evaluate and report on the rights of children and women. This programme seeks to address this fundamental issue at national and community levels through two projects. Capacity-building at the intermediate level of service provider is addressed by the sectoral programmes. The social policy development project will focus on consolidating the social policy foundation on behalf of children and adolescents, and ensuring the accountability of those who will implement and monitor it, as well as report on its application. Major activities will include updating the database and providing technical support to social policy analysis and formulation in the health, education and protection sectors. HIV/AIDS will elicit a specific focus given its multisectoral nature. UNICEF will play an important role in terms of advocacy and technical support to ensure that all policy documents include well-defined implementation modalities and monitoring and evaluation mechanisms. The integrated monitoring and evaluation plan (IMEP) will be used as a model.

34. The family and community empowerment project seeks to create the conditions in which families and communities are able to assume full responsibility for the fulfilment of children's rights using assessment, analysis and action. Major activities include training in microplanning, implementation, self-monitoring and reporting, and ongoing support in the application of knowledge and skills. This will help to strengthen community and family structures and facilitate meaningful participation in health, education and protection activities.

35. In the social policy development project, partnerships will be strengthened with the United Nations system in the context of UNDAF, international financial institutions and the main bilateral cooperation agencies, including CIDA, USAID

and the Governments of France and Japan. Consolidation and expansion of the database will take place with the collaboration of the National Institute of Statistics and the Child Haitian Institute. Specialized NGOs will provide technical expertise for capacity-building at family and community levels.

36. **Advocacy, information, communication and participation**. The programme will help to create a culture of rights and facilitate the participation of children, adolescents and women as rights holders in the decision-making process. The first project — on the promotion of rights — will allow duty bearers to gain access to information on the rights of children and failures to respect and protect them. In close coordination with the other programmes, materials will be produced and disseminated to decision makers in order to mobilize commitment and meet obligations. Rights holders will be empowered, through information-sharing and networking, to be more assertive in claiming their rights. The second project — on communication for behavioural change — focuses on sustainable behavioural change relating to health, education and protection by both the right holders and duty bearers. Information materials will be produced covering HIV/AIDS, maternal and child health and nutrition, the importance of early childhood and girls' education, non-discrimination of marginalized children and disaster prevention. Peer education will play a central role. Training in communication and information techniques will be provided to members of community animation committees, service providers and peer educators. Monitoring of behavioural change will be undertaken and information fed back to communities.

37. UNESCO, UNFPA and WHO will collaborate in the harmonization of messages. NGOs will ensure that information reaches individuals, families and communities, and undertake monitoring and evaluation activities relating to behavioural change. The media will be an active partner in disseminating information.

38. Regular resources will be used to support the promotion of rights; the formulation of policies; capacity-building; the design, implementation, monitoring and evaluation of experimental models in health, education and protection; and advocacy, communication and participation. Other resources will allow the expansion of projects and replication of successful models. The regional multi-country HIV/AIDS programme (E/ICEF/2001/P/L.62), which includes Haiti, will allow the consolidation and expansion of activities related to HIV/AIDS prevention, control and psychosocial support.

39. **Cross-sectoral costs** will cover support in the field of monitoring and evaluation, operational staff costs and travel relating to the programme.

Monitoring and evaluation

40. Monitoring and evaluation, undertaken as part of IMEP, will be part of both the capacity-building component of the programme and of sectoral "logframes". Key indicators will be IMR, U5MR, the rate of HIV prevalence per age group, and enrolment, repetition and retention rates in pre-school and primary education, especially as they relate to girls. Other indicators include the number and extent of policy and legislative measures being applied consistently, the number of children requiring special protection measures per category and sex, and the number of children and adolescents being fully cognizant of their rights and who believe they

are participating meaningfully in the progressive fulfilment of their rights. This data will be disaggregated by gender and region. Complementary studies will reinforce the situation analysis and DHS. A new DHS will take place in 2005, co-funded by UNICEF. The National Institute of Statistics will regularly update the database. Rights holders will be supported in efforts to participate in monitoring, evaluation and reporting activities. Data will be fed back to communities in order to make assessment, analysis and action an iterative process. Field visits involving diverse rights holders and duty bearers will ensure the cross-sectoral and human rights nature of the approach. Annual reviews of the country programme will provide regular opportunities for sharing feedback, revising strategies and reorienting actions. The mid-term review, scheduled for 2004, and end-of-cycle evaluations will assess progress, document lessons learned and set courses for future action.

Collaboration with partners

41. Using the Global Movement for Children as a framework, the country programme will consolidate and expand partnerships. Based on the concept of "circles of influence", the programme will intensify relationships with such close allies as government counterparts; the United Nations system; bilateral and multilateral agencies; other donors; NGOs, especially the Save the Children Alliance and Plan International; and the media. There is also a clear need to expand this partnership to encompass such non-traditional state authorities as parliamentarians; judicial authorities; the Citizens' Bureau; mayors and district officials; underutilized civil society groups, including youth and professional associations; the private sector; religious leaders; and Haitians living abroad.

42. UNICEF will continue to participate in technical committees set up by relevant ministries in the areas of health, including EPI, IMCI and MMR reduction, and education. Through these committees, in which other donors, United Nations agencies and NGOs participate, the complementarity of interventions will be ensured. Similarly, a multisectoral steering committee will be established in the area of protection.

43. Linkages with bilateral and multilateral development partners will be strengthened, more specifically in the context of cooperation agreements with the Government and particularly related to priority areas of the country programme. They include the Governments of Canada, France and Japan, USAID, the European Union and international financial institutions. Relations with National Committees for UNICEF, GAVI and Kiwanis International will be maintained. The UNICEF country offices in both Haiti and the Dominican Republic will collaborate on cross-border issues relating to health (EPI), education (quality learning environment) and protection (child labour and trafficking).

44. United Nations agencies and other donors will be consulted regularly to ensure that the cooperation programme is firmly rooted in national priorities and UNDAF, and in an emergency scenario will respond quickly. Inside the United Nations, thematic groups currently meet to coordinate activities relating to HIV/AIDS, gender and disaster response. Consultations within and beyond the United Nations system will allow decision-making around a programmatic environment that is subject to change.

Programme management

45. The Planning Ministry will coordinate implementation of the country programme, including the mid-term and annual reviews and end-of-cycle evaluation. Included in this review process are sectoral ministries, other United Nations agencies, NGOs, donors and young people. The Planning Ministry will chair regular meetings of sectoral focal points to ensure that modifications in programme direction, resulting from ongoing assessment and analysis, are effectively translated into action on the ground. Each relevant sectoral ministry will manage the programme component under its jurisdiction.

46. Given the volatile situation that has often characterized the programming context in Haiti, plans will be adapted to respond to circumstances in the event of civil unrest. These adjustments will be made in full consultation with government and NGO partners, with the latter playing a more prominent role if the authority or the administrative structures of the State are seriously compromised. In these circumstances, UNICEF will keep the channels of constructive engagement open with the Government, and maintain links between the State and civil society.

47. To ensure effective programme planning, implementation, monitoring and evaluation, three important changes have been made to the programme of cooperation and UNICEF office structure. First, the functions of information and protection have been separated, thus strengthening the focus and capacity of both. Second, capacity-building has been linked to monitoring and evaluation and reporting as a clear strategic focus. Finally, two key posts have been converted to the international Professional level in order to provide high-level technical expertise in the critical fields of protection and capacity-building/monitoring and evaluation. The emphasis on HIV/AIDS, in its cross-sectoral scope, has redefined internal competencies, combining the strong advocacy and activist skills needed to pursue the progressive realization of rights in the long term and also to show visible results in the short- and medium-term.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Haiti	(1999 and earlier years)		UNICEF country classification
Under-five mortality rate	125	(2000)	High U5MR
Infant mortality rate	81	(2000)	High IMR
GNP per capita	$ 460	(1999)	Low Income
Total population	8.1 million	(1999)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	2000
Births	(thousands)	175	231	258	254
Infant deaths (under 1)	(thousands)	26	30	26	21
Under-five deaths	(thousands)	39	45	39	32
Under-five mortality rate (per 1,000 live births)		221	195	150	125
Infant mortality rate (under 1) (per 1,000 live births)		148	132	102	81

		About 1990	Most recent
Underweight children (under 5) (% weight for age, 1990/1995)	Moderate & severe	27*	28
	Severe	..	8
Babies with low birth weight (%, 1990)		15	..
Primary school children reaching grade 5 (%, 1990/1995)		56	41

NUTRITION INDICATORS	About 1990	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1994-95/2000)	3	32
Timely complementary feeding rate (6-9 mos.) (%, 1994-95/2000)	83	81
Continued breast-feeding rate (20-23 mos.) (%, 1994-95/2000)	25	32
Prevalence of wasting (0-59 mos.) (%, 1990/1995)	5*	8
Prevalence of stunting (0-59 mos.) (%, 1990/1995)	34*	32
Vitamin A supplementation coverage (6-59 mons.) (%, 1998)	..	60
Household consuming iodized salt (%)	..	..

HEALTH INDICATORS		About 1990	Most recent
ORT use rate (%, 2000)		..	41
Routine EPI vaccines financed by government (%, 1998)		..	25
Use of improved drinking water sources (% of population, 1990/2000)	Total	53	46
	Urban/rural	59/50	49/45
Use of improved sanitation facilities (% of population, 1990/2000)	Total	23	28
	Urban/rural	33/19	50/16
Births attended by trained personnel (%, 1989/2000)		23	27
Maternal mortality rate (per 100,000 live births)		..	..

Immunization		1981	1985	1990	1995	1999
One-year-old (%) immunized against:	Tuberculosis	60	71	72	74	71
	DPT	14	19	34	42	43
	Polio	3	19	40	42	60
	Measles	..	21	31	49	85
Pregnant women (%) immunized against:	Tetanus	..	56	33	49	51

* 3-59 months.

TABLE 1 (continued)

Haiti

EDUCATION INDICATORS		About 1990	Most recent
Primary enrolment ratio (gross/net) (%, 1990/1997)	Total	80/39	126/42
	Male	86/39	128/42
	Female	85/38	124/43
Secondary enrolment ratio (gross/net) (%, 1990/1993)	Total	21/..	32/..
	Male	21/..	../..
	Female	20/..	../..
Adult literacy rate, 15 years & older (%, 1990/2000)	Total	39	49
	Male/female	42/37	51/46
Radio/television sets (per 1,000 population, 1990/1997)		42/ 4	53/ 5

DEMOGRAPHIC INDICATORS		1970	1980	1990	1999	2000	
Total population	(thousands)		4520	5453	6907	8016	8142
Population aged 0-18 years	(thousands)		2134	2637	3485	3891	3915
Population aged 0-5 years	(thousands)		703	908	1186	1122	1134
Urban population (% of total)			19.8	23.7	29.5	35.4	36.0
Life expectancy at birth (years)	Total	47	51	52	52	53	
	Male		46	50	50	49	50
	Female		49	53	54	55	56
Total fertility rate			5.9	6.1	5.4	4.3	4.2
Crude birth rate (per 1,000 population)			39	42	37	32	31
Crude death rate (per 1,000 population)			19	16	14	13	13

		About 1990	Most recent
Contraceptive prevalence rate (%, 1989/1995)		10	18
Population annual growth rate (%, 1970-90/1990-99)	Total	2.1	1.7
	Urban	4.1	3.7

ECONOMIC INDICATORS		About 1990	Most recent
GNP per capita annual growth rate (%, 1965-80/1990-99)		0.9	-3.1
Inflation rate (%, 1965-80/1990-98)		7	23
Population below $1 a day (%)		..	..
Household income share (%)	Top 20%/bottom 40%	../..	../..
Government expenditure (% of total expenditure)	Health/education	../..	../..
	Defense	..	..
Household expenditure (% share of total)	Health/education	../..	../..
Official development assistance: (1990/1998)	$US millions	173	467
	As % of GNP	15	13
Debt service (% of goods and services exports, 1990/1998)		5	6

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 2000-2001 a/

COUNTRY: HAITI
LATEST BOARD APPROVAL: 1999
REGULAR RESOURCES: $ 5,202,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									Regular resources b/		Other resources		Total (RR & OR)	
	RR b/	OR	RR b/	OR	RR b/	OR	RR b/	OR	Actual	Planned	Actual	Planned	Actual	Planned
Health and nutrition	648	475	3	0	166	94	706	234	1,523	2,000	803	2,000	2,326	4,000
Basic education	61	111	2	0	115	43	170	782	348	702	936	3,000	1,284	3,702
Empowerment of communities and local governments	128	0	0	0	49	0	186	8	363	700	8	600	371	1,300
Children's and women's rights	3	(3)	0	0	3	20	260	200	266	700	217	1,400	483	2,100
Cross-sectoral costs	(28)	0	8	0	235	0	246	0	461	1,100	0	0	461	1,100
GRAND TOTAL	812	583	13	0	568	157	1,568	1,224	2,961	5,202	1,964	7,000	4,925	12,202

RR = Regular resources.
OR = Other resources.
a/ = Actual expenditure includes expenditure recorded as at closure 21 May 2001.
b/ = Actual RR expenditure includes allocations from global set-aside.

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: HAITI
PROGRAMME CYCLE : 2002-2006

	FUND	2002	2003	2004	2005	2006	TOTAL
HEALTH AND NUTRITION	RR	450,000	453,000	453,000	453,000	453,000	2,262,000
	OR	1,100,000	1,200,000	1,250,000	1,200,000	1,250,000	6,000,000
	TOTAL	1,550,000	1,653,000	1,703,000	1,653,000	1,703,000	8,262,000
BASIC EDUCATION AND ECCD	RR	300,000	300,000	300,000	300,000	300,000	1,500,000
	OR	900,000	1,100,000	1,200,000	1,000,000	800,000	5,000,000
	TOTAL	1,200,000	1,400,000	1,500,000	1,300,000	1,100,000	6,500,000
CHILD PROTECTION	RR	200,000	200,000	200,000	200,000	200,000	1,000,000
	OR	350,000	500,000	700,000	650,000	800,000	3,000,000
	TOTAL	550,000	700,000	900,000	850,000	1,000,000	4,000,000
CAPACITY-BUILDING, MONITORING AND EVALUATION	RR	340,000	340,000	340,000	340,000	340,000	1,700,000
	OR	130,000	230,000	240,000	200,000	200,000	1,000,000
	TOTAL	470,000	570,000	580,000	540,000	540,000	2,700,000
ADVOCACY, INFORMATION, COMMUNICATION AND PARTICIPATION	RR	300,000	300,000	300,000	300,000	300,000	1,500,000
	OR	300,000	500,000	600,000	550,000	550,000	2,500,000
	TOTAL	600,000	800,000	900,000	850,000	850,000	4,000,000
CROSS-SECTORAL COSTS	RR	380,000	380,000	380,000	380,000	380,000	1,900,000
	OR						
	TOTAL	380,000	380,000	380,000	380,000	380,000	1,900,000
TOTAL, PROGRAMME BUDGET	RR	1,970,000	1,973,000	1,973,000	1,973,000	1,973,000	9,862,000
	OR	2,780,000	3,530,000	3,990,000	3,600,000	3,600,000	17,500,000
	TOTAL	4,750,000	5,503,000	5,963,000	5,573,000	5,573,000	27,362,000
STAFF COSTS a/		823,048	860,727	913,751	945,072	965,972	4,508,570
GENERAL OPERATING COSTS		200,100	200,100	200,100	200,100	200,100	1,000,500
TOTAL, ESTIMATE SUPPORT BUDGET		1,023,148	1,060,827	1,113,851	1,145,172	1,166,072	5,509,070
GRAND TOTAL		5,773,148	6,563,827	7,076,851	6,718,172	6,739,072	32,871,070

RR = regular resources
OR = other resources

a/ Including consultants and temporary assistance.

TABLE 4

COUNTRY : HAITI
PROGRAMME : 2002-2006

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
HEALTH AND NUTRITION	2,262,000		2,262,000	0	0	0	1	0	0	1	0	0	1	879,453	0	879,453
BASIC EDUCATION AND ECCD	1,500,000		1,500,000	0	0	0	0	0	0	0	1	1	2	0	422,795	422,795
CHILD PROTECTION	1,000,000		1,000,000	0	0	0	1	0	0	1	0	0	1	879,453	0	879,453
CAPACITY BUILDING, MONITORING 1/	1,700,000		1,700,000	0	0	0	0	1	0	1	1	0	2	794,990	227,757	1,022,747
ADVOCACY, INFORMATION, 2/	1,500,000		1,500,000	0	0	0	0	0	0	0	1	0	1	0	227,757	227,757
CROSS-SECTORAL COSTS	1,900,000		1,900,000	0	0	0	1	0	0	1	0	4	5	879,453	440,693	1,320,146
TOTAL RR	9,862,000		9,862,000	0	0	0	3	1	0	4	3	5	12	3,433,349	1,319,002	4,752,351
OTHER RESOURCES :																
HEALTH AND NUTRITION		6,000,000	6,000,000	0	0	0	0	0	0	0	1	2	3	0	473,622	473,622
BASIC EDUCATION AND ECCD		5,000,000	5,000,000	0	0	0	1	0	0	1	0	1	2	879,453	50,827	930,280
CHILD PROTECTION		3,000,000	3,000,000	0	0	0	0	0	0	0	1	2	3	0	391,143	391,143
CAPACITY BUILDING, MONITORING 1/		1,000,000	1,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0
ADVOCACY, INFORMATION, 2/		2,500,000	2,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		17,500,000	17,500,000	0	0	0	1	0	0	1	2	5	8	879,453	915,592	1,795,045
TOTAL RR & OR	9,862,000	17,500,000	27,362,000	0	0	0	4	1	0	5	5	10	20	4,312,802	2,234,594	6,547,396
SUPPORT BUDGET	Operating costs		1,000,500													
	Staffing			0	0	1	2	0	0	3	2	8	13	2,782,100	1,726,470	4,508,570
GRAND TOTAL (RR + OR + SB)				0	0	1	6	1	0	8	7	18	33	7,094,902	3,961,064	11,055,966
Number of posts and staff costs:																
Current programme cycle										6	11	19	36			
At the end of proposed programme cycle (indicative only)										8	7	18	33	7,094,902	3,961,064	11,055,966

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

1/ CAPACITY-BUILDING, MONITORING AND EVALUATION
2/ ADVOCACY, INFORMATION, COMMUNICATION AND PARTICIPATION